PART B - FEE(S) TRANSMITTAL

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			Con	difference of Marilles and Tours		
KNOBBE MARTENS OLSON & BEAR LLP 2040 MAIN STREET				I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
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IRVINE, CA 926	14		Γ			(Depositor's name)
						(Signature)
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/718,374	11/19/2003		Lawrence Kates		P1553	9542
TITLE OF INVENTION:	REPEATER UNIT					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUI	FEE TOTAL FEE(S) DUI	E DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	04/25/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS	1		
BUGG, GEORGE A		2612	340-425100			
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 			2. For printing on the			be, Martens,
Change of correspondence address (or Change of Correspondence or agents OR, alternatively,						
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND	D RESIDENCE DATA	TO BE PRINTED ON T	THE PATENT (print or ty	pe)		
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
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(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
			_			
Please check the appropriate assignee category or categories (will not be printed on the patent): 🗖 Individual 🚨 Corporation or other private group entity 🚨 Government						
4a. The following fec(s) are submitted: 4b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)						
Issue Fee	small entity discount pe		A check is enclosed.			
Advance Order - # o		runueg)	Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required (ep(s), any deficiency, or credit any overpayment, to Deposit Account Number 11-1410 (enclose an extra copy of this form).			
5 Channella Parte Otto	Ø		overpayment, to Dep	sit Account Numbe	11-1410 (enclose a	in extra copy of this form).
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).						
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Authorized Signature See V New Mersh Date February 23,2007						
Typed or printed name Lee W. Henderson Registration No. 41,830						
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